

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITFILED  
CLERK'S OFFICE

2004 SEP -8 12:59

DISTRICT COURT  
DISTRICT OF MASSRobert J. Mon  
PlaintiffUnited States  
Securities & Exchange  
Defendant(s) Commission

CASE NUMBER \_\_\_\_\_

JUDGE \_\_\_\_\_

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Robert J. Mon, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)  
I.D. # \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: February 2000  
Monthly salary or wages: \$500 mo  
Name and address of last employer: Brouhine Co. Howard Delivery Service

b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 9/4/04

Robert J. More  
Signature of Applicant

Robert J More  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER

\_\_\_\_\_  
(Print name)